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The boundaries between obstetrics and gynaecology on one hand and psychology on the other hand

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Keywords: Psychoneuroimmunology; Multidisciplinary; Psychology; Obstetrics

From the forties on clinical psychologists were gradually involved in medical patient care. The first medical specialties that invited psychologists to participate in their work were psychiatry, neurology and pediatrics. In the beginning the position of these clinical psychologists was a subordinate and subservient one. Their task was limited to psychological assessment of the patients (usually with the help of psychological tests) and advice about educational problems of sick children.

This picture underwent a dramatic change in the course of the sixties and the seventies:

Within the medical profession a growing awareness was developing concerning the indisputable influence of psychological factors on complaints and on the course of illnesses.

Parallel with the decline of the power of religious organizations a 'medicalization' came into being, which means that more and more problems and daily life inconveniences were brought to the notice of medical professions,

The psychological implications of new medical developments (like hemodialysis, kidney transplants, open heart surgery, and the new 'assisted procreation' techniques like artificial insemination and in vitro fertilization) began to acquire special psychological assistance. The modern, more independent patients began to demand the best care, convinced of the high degree of solvability of all kinds of physical and mental misery by medical intervention,

The feminist movement contributed to the weakening of

the traditional (male) superior role of the medical doctor: he should change into a democratic, good listener, taking all patients (especially women) seriously. This required a new psychological attitude, especially with regard to sexual issues.

Nowadays the presence of clinical psychologists in all kinds of hospitals has become self-evident. Their former subordinate position has changed into that of an independent, equal colleague of the medical specialist. Apart from being a psychodiagnostician the psychologist has turned into a psychotherapist and adviser in a broad range of areas.

The cooperation between medical specialist, e.g. gynaecologist and clinical psychologist is mirrored, meanwhile, in the great number of international journals in the field of obstetrics/gynaecology/medical psychology and sexuality. So in the seventies the International Society of Psychosomatic Obstetrics and Gynaecology was founded. Multidisciplinary is considered to be of paramount importance, in education, in patient care and in research as well.

Some marginal remarks should be made here.

1. The term 'psychosomatic' may arouse memories of the old theory of psychosomatic specificity [1]. This theory, quite popular among psychiatrists some decades ago, implied that circumscribed, unsolved emotional conflicts (like repressed aggression, emotional neglect or a burdening mother–child relationship) might cause circumscribed organic diseases (like hypertension, peptic ulcer, asthma or infertility). This theory turned out not to be a match for careful research. It was proven to be premature, too much based on clinical impressions and a source of feelings of guilt and inadequacy among patients. In the field of the interrelations between

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biomedical and psychosocial factors the emphasis is put no longer on the psychosocial causes of organic diseases, but on their behavioral consequences, i.e. on the factors that may maintain the distress, like anxiety, depression and feelings of helplessness. These factors are presently the specific object of psychological intervention. It should be added, however, that psychological factors as being the cause of organic misery are not entirely ruled out. There are (slight) indications, for instance, that the success-rate of in vitro fertilization may be negatively influenced by anxiety, depression and expression of emotions [2]. Not unlike the new and promising area of psychoneuroimmunology [3], such subject matter deserves further careful investigation. The difference with the afore-mentioned, obsolete theory of psychosomatic specificity is that the hypothesis of a one-to-one relationship between specific behavioural factors and specific organic consequences remains untenable.

2. In the field of patient care the assistance of clinical psychologists should be limited to those problems in which they have special expertise at their disposal. Apart from its feasibility, it would be an undesirable impoverishment of the gynaecological profession, and

an undesirable 'psychologization', if it would delegate all psychological problems among its patients to psychologists. Dealing with these problems is to be considered an inalienable part of the medical profession itself. Close cooperation between both professions may enable the gynaecologists to become better equipped for dealing with the psychological problems which confront them. So this cooperation may imply some sort of mutual education. For on the other hand the psychologists on their part may profit from the insights and experiences of the gynaecologists.

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